



1997 ECONOMIC CENSUS  
PAINTS, VARNISHES, WALLPAPER, AND SUPPLIES

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

WH-5198

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.  State  ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries  
2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough  
2 ☐ Town or township  
3 ☐ Other – Specify   
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 ☐ In operation  
2 ☐ Temporarily or seasonally inactive  
3 ☐ Ceased operation – Give date at right  
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month	Year
<input type="text"/>	<input type="text"/>

Name of new owner or operator

Number and street

City  State  ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.  
Example: If a figure is \$1,125,628.79 report

• Preferred  
Acceptable

Bil- lions (000)	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
<input type="text"/>	1	126	<input type="text"/>
<input type="text"/>	1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

010

b. Did this establishment earn commissions for the sale of merchandise?

121 1 ☐ Yes – Go to line c  
2 ☐ No – Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE – If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

124  %

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

125

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

030

b. First quarter (January–March)

031

Item 6. EMPLOYMENT

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

b. List the above employees by the employee's primary function:

131

(1) Selling

132

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

133

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

134

(4) Manufacturing

(5) Other – Specify

135

NOTE – The sum of lines 1 through 5 should equal total employment

Item 7. OPERATING EXPENSES

Mil. 040Thou.Dol.

Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)

Item 8. INVENTORIES

a. Did you have inventories at the end of 1996 or 1997?

1801 ☐ Yes – Complete the remainder of the item

2 ☐ No – Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

1851 ☐ Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)

2 ☐ No – Complete only line c

	End of 1997			End of 1996		
	Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
c. Total inventories	046			047		
(1) Amount not subject to LIFO costing	181			186		
(2) Amount subject to LIFO costing (gross)	182			187		
(a) Amount of the LIFO reserve	183			188		
(b) LIFO value of the line c(2) (net)	184			189		

NOTE – The sum of lines c(1) and c(2) should equal line c

The sum of lines c(2a) and c(2b) should equal line c(2)

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997

PURCHASES AT COST VALUE

Bil. Mil. Thou. Dol.

Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)

160

NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER

Whole percent of sales

Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.

141

a. Export sales

142

b. Restaurants, hotels, food services, and contract feeding

143

c. Retailers and repair shops for resale or repair

144

d. Other wholesale establishments for resale

145

e. Industrial users for production (manufacturing and mining)

146

f. Business users for consumption, not for resale

147

g. Farmers (for farm use)

148

h. Household consumers and individual users

149

i. Builders and contractors

150

j. Governmental bodies (Federal, State, and local)

k. TOTAL (Sum of lines a through j should total 100%)

100%

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

(1) Paint, varnishes, wallpaper, and supplies

070

(a) Wholesale. . . . .

519809

(b) Retail . . . . .

523110

(2) Other kind of business – Specify . . . . .

777777

b. Selling characteristics

(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.

068

From physical displays of priced merchandise . . . . .

1

From a counter (little or no display) . . . . .

2

From a warehouse or office . . . . .

3

Other – Describe . . . . .

4

(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.

069

Location and store attractiveness . . . . .

1

Advertising to the general public, including direct mail advertising. . . . .

2

Advertising to the trade or calls directly to customers . . . . .

3

Other – Describe . . . . .

4

c. What percent of your sales are drop-shipped and do not enter this establishment?

Percent

111

%

Item 12. TYPE OF OPERATION

What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.

060

a. Own-brand importer and marketer . . . . .

14

b. Merchant wholesaler (buying and selling on own account)

(1) Importer . . . . .

12

(2) Exporter . . . . .

13

(3) Merchant wholesale distributor or jobber . . . . .

11

c. Manufacturers' sales branches and offices . . . . .

20

d. Agent, broker, and commission merchant

(1) Auction company . . . . .

41

(2) Broker (representing buyers and sellers) . . . . .

42

(3) Commission merchant . . . . .

43

(4) Import agent . . . . .

44

(5) Export agent . . . . .

45

(6) Manufacturers' agent . . . . .

46

e. Other broker or agent – Specify type . . . . .

77

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 13. COMMODITY LINES

Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)

HOW TO REPORT PERCENTS

If figure is 38.76% of total sales

• Report whole percents

Not acceptable

Bil.

Mil.

Thou.

Dol.

Per-cent

39

38.76

Commodity lines

Cen-sus use

ESTIMATES are acceptable. Report dollars OR percents.

Bil.

Mil.

Thou.

Dol.

Per-cent

1. Paint, paint supplies, and wallpaper

100

101

102

a. Architectural coatings (enamels, primers, stains, solvents, and lacquers)

6011

b. Industrial/OEM coatings (coatings applied by original manufacturers to products during manufacturing)

6012

c. Special purpose coatings (automotive, refinish, marine, traffic coatings)

6013

d. Paint supplies

6014

e. Wallpaper

6015

f. Total (Sum of lines 1a through 1e)

6000

2. Floor coverings

0530

3. Roofing, siding, and insulation materials

0720

4. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 20)

0200

5. Flat iron and steel products

1120

6. Hardware

1700

7. Chemicals and allied products (excluding agricultural, plastics, gases, and petroleum)

5330

8. Plastics materials and basic shapes

5300

9. Petroleum products – refined (exclude liquefied petroleum)

5400

10. Abrasives, strapping, tape, inks, and mechanical rubber goods

2460

11. Marine machinery, equipment, and supplies

2620

12. General-purpose industrial machinery, equipment, and parts

2320

13. Metalworking machinery, equipment, and parts

2330

14. Piece goods, knit and woven

3600

15. Notions (buttons, ribbons, lace, sewing accessories, zippers, bindings, etc.)

3700

Item 13. COMMODITY LINES – Continued

Commodity lines

Cen-sus use

ESTIMATES are acceptable. Report dollars OR percents.

Bil.

Mil.

Thou.

Dol.

Per-cent

16. Linens, domestics, curtains, and draperies

0520

17. Stationery, office supplies, and greeting cards

3300

18. Miscellaneous commodities – Specify

a. 076

9811

b. 077

9812

c. 078

9813

19. Rental and operating lease receipts

9940

20. Service receipts and labor charges (including installed parts)

9700

21. TOTAL (Should equal item 4a if reporting in dollars)

9990

100%

Item 14. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003 1 ☐ Individual owner (sole proprietorship)

2 ☐ Partnership

3 ☐ Cooperative association (taxable)

4 ☐ Cooperative association (tax-exempt)

5 ☐ Government – Specify

0 ☐ Corporation (Do not mark if any form of cooperative association)

9 ☐ Other – Specify

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 ☐ Yes – Complete this item

2 ☐ No – Skip to item 16

b. Is this company owned or controlled by another company?

097 1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

098 1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

ITEM 15 CONTINUED ON PAGE 4

WH

CONTINUE ON PAGE 4

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
	Type of operation (choose from item 12)			Census use	088		
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
	Type of operation (choose from item 12)			Census use	088		
3	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
	Type of operation (choose from item 12)			Census use	088		

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.									
Period covered by this report		FROM: Mo. Year		TO: Mo. Year		Name of person to contact regarding this report – <i>Print or type</i>			
Telephone		Area code		Number		Extension		Title	
Signature of authorized person								Date	